



Enrollment
Information 2015

State Employee
Health Plan

COBRA
Participants

Open Enrollment Period is
October 1 - October 31, 2014
Elections are effective January 1, 2015

COBRA Open Enrollment Notification 2014

The annual State Employee Health Plan (SEHP) COBRA open enrollment period is your opportunity to make changes to your health care coverage such as changing medical carriers or adding/dropping dependents from coverage. **There are plan design changes for Plan Year 2015. COBRA rates are also increasing effective January 1, 2015.**

It is very important that the premium payments for your current COBRA coverage are paid through the end of 2014 or you will not be eligible for COBRA continuation coverage in the upcoming plan year.

Premium payments must be made even if you do not receive a monthly invoice. All premium payments are due on the first day of each month and must be postmarked by the end of the 30 day grace period allowed from the due date.

If there are special circumstances that apply to your COBRA continuation coverage, such as extended benefits due to disability, please contact COBRAGuard at 866-952-6272 for the 2015 rates.

DEADLINE: Open Enrollment elections must be completed on line no later than Thursday, October 31, 2014. To enroll go to <https://sehp.member.hrissuite.com/> - complete enrollment instructions on page 7 of this book.

REMINDER: A member selecting ANY level of medical coverage will automatically be enrolled in member only dental, and MAY select dental coverage for any dependents they have enrolled in medical coverage. Dental coverage may not be selected without medical coverage.

REMINDER: If you are adding dependents, you must upload the appropriate supporting documentation when you enroll online.

For a list of appropriate supporting documentation, please visit the SEHP website at www.kdheks.gov/hcf/sehp/DependentDoc.htm Please submit documentation to:

COBRAGuard, Inc.
SEHP 2014 Open Enrollment
P.O. Box 504216
St. Louis, MO 63150-4216

Contact Information

State of Kansas Health Plan Vendors Web Site	www.kdheks.gov/hcf/sehp/Vendors.htm
Aetna Customer Service Plan A and Plan C Behavioral Health (MHNet)	www.aetnastateofkansas.com All Areas (Toll Free): 866-851-0754 All Areas (Toll Free): 866-851-0754
Blue Cross and Blue Shield of Kansas Customer Service Plan A and Plan C New Directions - Behavioral Health New Directions - Autism	www.bcbsks.com/CustomerService/Members/State/ All Areas (Toll Free) 800-332-0307 Topeka: 785-291-4185 All Areas (Toll Free) 800-952-5906 Topeka: 785-233-1165 All Areas (Toll Free) 877-563-9347 Option 3
Caremark Customer Service Caremark Connect Specialty Pharmacy	www.caremark.com All Areas (Toll Free): 800-294-6324 TDD (Toll Free): 800-863-5488 All Areas (Toll Free): 800-237-2767
COBRAGuard - COBRA Administrator Customer Service	www.cobraguard.net All Areas (Toll Free): 866-952-6272 Fax: 913-438-8385
Delta Dental of Kansas, Inc. Customer Service	www.deltadentalks.com/ All Areas (Toll Free): 800-234-3375 Wichita: 316-264-4511
Preferred Lab Benefit Program <ul style="list-style-type: none">• Quest Diagnostics Lab Card Program Customer Service Collection Site Listings• Stormont-Vail Regional Lab Program Customer Service Benefit Information and Collection Site Listings	www.labcard.com All Areas (Toll Free): 800-646-7788 www.labcard.com/collection.html www.stormontvail.org/state-employees-lab All Areas (Toll Free): 800-637-4716 Topeka: 785-354-1150
Superior Vision Services Customer Service	www.superiorvision.com All Areas (Toll Free): 800-507-3800

HIGHLIGHTS FOR PLAN YEAR 2015

WHAT'S CHANGING?

PLANS

Beginning in Plan Year 2015, there will be two (2) Plans to choose from - Plan A or Plan C. Plan B will not be offered. **If you are currently enrolled in Plan B, you will need to enroll online to select either Plan A or Plan C.**

MEDICAL VENDORS

There will be two (2) Medical Vendors to choose from - Aetna and Blue Cross and Blue Shield of Kansas. Coventry has been purchased by Aetna. UnitedHealthcare will no longer be offered. **If you are currently enrolled in UnitedHealthcare, you will need to enroll online to select a new medical vendor.**

PLEASE NOTE: If you are currently enrolled in a UnitedHealthcare Plan or enrolled in Plan B with any of the vendors, you need to actively enroll online during the Open Enrollment Period (October 1 - 31) and select either Plan A or Plan C with either Aetna or Blue Cross and Blue Shield of Kansas as your vendor.

If you do not enroll online, you will be defaulted to Plan C with:

- Aetna if you are currently enrolled in Coventry or UnitedHealthcare **or**
- Blue Cross and Blue Shield of Kansas if that is your current vendor

PLAN A will have **combined** pharmacy and medical **network** out of pocket (OOP) maximums of:

- Single: \$4,750
- Family: \$9,500

HEALTH SAVINGS ACCOUNT WITH PLAN C HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

- **I.R.S requirements for HDHP deductibles have increased.** Plan C's new deductibles are \$2,600 for Single and \$5,200 for Family.

PLAN UPDATES FOR PLANS A AND C

- Coverage under the Durable Medical Equipment portion of the plan will be modified to allow for coverage of motorized wheelchairs when medically necessary.
- Prosthetics with assistive electronic components will be eligible for coverage if medically necessary.

ADDITIONAL UPDATES:

- The coverage provided for eyeglasses for children with certain eye disorders is modified.
- Health plan and Pharmacy administrators will coordinate the member maximum out of pocket costs.
- The autism coverage rider will be modified to comply with HB 2744. A treatment plan is still required prior to treatment. For more information, please call your vendor or consult the Autism Rider in your 2015 Benefit Description.
- **Preventive care benefit additions:**
 1. Lung cancer screening for adults age 55-80 who smoke or have quit in the last 15 years.
 2. Screening for gestational diabetes in pregnant women after 24 weeks.
 3. Breast cancer preventive medications for at risk women.
 4. Adult screenings of Hepatitis C virus for at risk persons and those born between 1945 and 1965.

ONLINE ENROLLMENT

COBRA participants will enroll online through the Membership Administration Portal (MAP) at <https://sehp.member.hrissuite.com/> See page 7 for details.

CHOOSING YOUR HEALTH PLAN:

Plan A or Plan C High Deductible Health Plan

You have access to all health plans regardless of where you live.

You have choices when it comes to your health care coverage. Choosing the appropriate health plan for you and your family may be easier than you think!

The State Employee Health Plan offers two health plan options:

- Plan A
- Plan C

Please review the Health Plan Comparison Chart at the back this book to see the differences in the deductible, coinsurance and annual coinsurance maximums for Plans A and C.

Each option is designed differently (for example, deductibles, coinsurance and annual maximums) and each health plan vendor offers unique features. Be sure to consider these features before making your selection.

There are two health plan vendors:

- Aetna
- Blue Cross and Blue Shield of Kansas

Each health plan vendor has a unique network of contracting providers. Since network providers agree to accept the plan allowance as payment in full, using network providers saves you money! Non network providers have not agreed to accept the plan allowance, so in addition to your required Out of Pocket, any amount above the plan allowance will be your responsibility.

Provider directories are listed on each vendor page on our website - www.kdheks.gov/hcf/sehp/default.htm

Both Vendors offer the following:

- Access to a broad network of providers nationwide which allows you flexibility in obtaining care with coverage for both network and non network providers.
- 100 percent coverage for certain preventive care services, such as an annual preventive exam, colonoscopy, mammograms and age-appropriate immunizations (including flu shots).
- Policies have no lifetime maximum.
- Prescription drug coverage through Caremark. See page 7 for details.
- A Preferred Lab Benefit program available through either Quest Diagnostics or Stormont-Vail Healthcare. There are differences in the programs offered with each plan.

BEFORE YOU ENROLL

- **Become familiar with your options.** For information on the health plans, vendors and more, review this booklet which includes the *Health Plan Comparison Chart* in the back of this book, or go to our website - www.kdheks.gov/hcf/sehp/default.htm
- **If you are thinking about changing your medical vendor** be sure your doctors and hospital participate with the new vendor you select for Plan Year 2015. Both medical vendors, Aetna and BCBS of Kansas, have unique provider networks. Provider directories are listed on each vendor page.
- **If you are adding dependents to your plan** and have **not** previously submitted the required documentation (such as a birth certificate or marriage license) to Membership Services, you will need to upload the documentation (an electronic version like a pdf) when you enroll online. Other pieces of information needed for each new dependent are the dependent's full name, Social Security number, gender and birth date.

QUESTIONS?

- **Contact the vendor.** Toll free customer service numbers are listed on the inside cover of this booklet.
- **Visit our website** - www.kdheks.gov/hcf/sehp/default.htm
- **Send an e-mail** to benefits@kdheks.gov

Confirmation statements will be sent to the e-mail address you register with online.

Remember to:

- Select and enroll in your health plan options for PY 2015.
- Upload documentation for any new dependents through the Membership Administration Portal (MAP) by 5:00 p.m. Monday, November 3, 2014.

ENROLLING FOR HEALTH CARE BENEFITS

The Annual Open Enrollment Period is October 1 through October 31. Your benefit elections become effective January 1 of the following year. Unless you experience a “qualifying event” during the plan year, your decisions are binding until the next annual open enrollment period.

Qualifying events include life-altering events such as the birth or adoption of a child, marriage, divorce, death of a spouse or a dependent, or gain or loss of employment and benefits for a spouse or a dependent.

Changing Your Coverage - Health plan changes due to a qualifying event during the plan year must be consistent with the event. The change must be made in the Membership Administration Portal (MAP) within 31 days of the event in order for the change to be effective the first day of the month following the event. If the event takes place on the first day of the month, the effective date will be that day. **Note:** If the change is not completed within this 31-day period, it will need to be requested during the next open enrollment period.

Note: In the event of a divorce, coverage for your former spouse and stepchild(ren) ends on the last day of the month during which the divorce is finalized.

Who Can Be Covered

In addition to covering yourself, you also can elect coverage for your eligible dependents. Your eligible dependents include:

- Your lawful spouse.
- Your child(ren) or stepchild(ren). To be covered under your health plan, your child(ren) or stepchild(ren) must be under the age of 26.

If you are adding dependents to your plan and have not previously submitted the required documentation (such as a birth certificate or marriage license) to Membership Services, you will need to upload the documentation (an electronic version like a pdf) when you enroll online. Other pieces of information needed for each new dependent are the dependent's full name, Social Security number, gender and birth date.

During the open enrollment period, the required documentation must be submitted online in the Membership Administration Portal (MAP) no later than 5:00 p.m., Monday, November 3, 2014. If dependent documentation is not received, the dependent(s) will not be enrolled in the health plan effective January 1, 2015.

OPEN ENROLLMENT MEMBERSHIP ADMINISTRATION PORTAL (MAP) USERS INSTRUCTIONS

COBRA participants need to go to <https://sehp.member.hrissuite.com/> to complete their enrollment elections for Plan Year 2015.

You can enroll online using any computer with Internet access – at work, home, or at most public libraries. All modern Internet browsers will work; Internet Explorer 9 and above, Chrome, Firefox, Safari, and Opera.

Technical Support During the Open Enrollment Period, October 1 through October 31, 2014: if you experience any technical issues with this portal, call the MAP Help Desk at 1-800-832-5337 (Toll free). The MAP Help Desk will be open from October 1 through October 31, 2014 Monday – Friday 7 AM to 5 PM and Saturday 9 AM to 2 PM Central Time.

Technical Support After Hours during Open Enrollment: Please e-mail: techsupport@hrissuite.com Include your name, phone number, and an explanation of your issue and we will trouble shoot your issue and contact you within 24 hours with a resolution.

Starting October 1, 2014, you can visit MAP to register your online account, review your contact information and family roster, review your current SEHP elections and then make any changes you want for plan year 2015. The following information will provide you with step-by-step instructions on how to register your account and complete your open enrollment. Note: You only need to register your account and create a unique login the first time you access MAP. Once you have registered, you will be able to sign in to MAP with your username and password.

Before you begin, make sure you have the following information ready

- Your Kansas Employee ID number (available from your Human Resource Office)
- The last 6 digits of your Social Security number (SSN)
- Your Date of Birth

Adding a new dependent? Dependent documentation in pdf format will need to be scanned and uploaded into MAP at the time the member is requesting to add a new dependent.

Enrollment Instructions

1. Go to MAP at: <https://sehp.member.hrissuite.com/>
2. The Welcome screen will appear. If this is the first time you are logging into the portal, please click on the “**Register Now**” button to get started. If you have previously registered, click on the “**Sign In**” button.
3. Follow the instructions on the screen

You may go into MAP as many times as needed during Open Enrollment to make changes. Benefit confirmation statements will be emailed directly to your registered email address each time you save an election in the portal. The benefits that you have selected as of midnight on October 31, 2014 will be effective January 1, 2015 and a final confirmation statement will be emailed to you.

Caremark Prescription Drug Plan

Prescription drug coverage is provided through Caremark for Plans A and C, and its cost is included in the health plan rates. While the Preferred Drug List (PDL) is the same for both plans, the amount you pay will vary depending on the plan you select as explained below.

- **Plan A.** Under this plan, generally you pay a coinsurance for your prescription drug costs throughout the year, up to a combined medical and pharmacy coinsurance maximum of \$4,750 for single and \$9,500 for member with dependent coverage per year.
- **Plan C.** Until you reach the deductible, you will pay 100% of the discounted cost for your prescriptions when you present your Caremark ID card. Once you have reached your annual health plan deductible, covered prescriptions are paid in full by the plan when a network pharmacy is used. Remember, you can use the funds in your HSA or HRA to help pay for prescription costs applied to the deductible.

Regardless of which plan you elect, your out-of-pocket costs will be lower if you use generic and/or preferred brand name drugs. The PDL is available at either: www.kdheks.gov/hcf/sehp/Caremark.htm or www.caremark.com

You can also call Caremark at 800-294-6324 for help finding a preferred drug. A number of popular name brand drugs are projected to be available in generic versions during 2015. This list is also on the website.

Before talking to your physician about prescriptions, it is suggested that you print out the Preferred Drug List (PDL) from the website and take it to any appointments so you can discuss your options. The Caremark plan is designed to encourage you and your health care provider to choose the most cost-effective and clinically-effective medications available. Home delivery is available through Caremark and reorders are processed in as little as five to seven days. To place an initial order or reorder by phone, call 1-800-294-6324 or e-mail online@caremark.com

Specialty and biotech drugs are designed for difficult conditions that don't respond to traditional therapy. A complete list of Specialty Drugs is available at www.kdheks.gov/hcf/sehp/Caremark.htm. These drugs are available only through the Caremark Connect Specialty Pharmacy. Contact Caremark Connect at 1-800-237-2767. A Caremark representative will coordinate patient care with the provider and arrange for medication delivery.

For more information, go to www.kdheks.gov/hcf/sehp/Caremark.htm

Delta Dental Plan

Member only dental coverage is available for all members enrolled in medical coverage. Any dependents enrolled in dental coverage must be enrolled in medical coverage. Dependent dental coverage may not be dropped during the plan year unless dependent medical coverage is also dropped.

You have access to two Delta Dental provider networks.

Delta Dental Premier Network - Delta Premier Dentists agree to accept the plan allowance as payment in full. You will be responsible for paying only the specific coinsurance and deductibles for covered services in addition to any services not covered.

Delta Dental PPO Network - The PPO network providers have agreed to a reduced fee for providing dental services. As a result, you generally pay a lower percentage of the total bill than you would when using a Premier (or Non Network) Provider. The PPO network for our group includes all PPO providers in the national DeltaUSA PPO network. Participants have the option to use the PPO providers whenever desired.

See page 20 for Basic and Enhanced Coverage information.

For more details on Delta Dental Benefits, go to www.kdheks.gov/hcf/sehp/Delta.htm

Superior Vision Services Plan

You are offered two vision plans through Superior Vision Services* - the **Basic Plan** and the **Enhanced Plan**. See page 21 for details on these plans.

You may choose to enroll yourself and any eligible dependents in one of the vision plans, whether or not you or your dependents are enrolled in the medical coverage. If you choose dependent vision coverage, and have dependents enrolled in medical coverage, the dependent children enrolled in the vision plan must match those enrolled in medical coverage. Please note that you can enroll or change your coverage only when you or a dependent first becomes eligible, during the annual open enrollment period, or if a dependent becomes ineligible. Mid-year changes to your vision coverage elections are not allowed, even if you pay your premiums on an after-tax basis.

Note: Enhanced benefits are not available from non network providers.

Special Features From Superior Vision Services

Discounts are available for lens add-ons or upgrades not otherwise covered by the plan. The discount is 20 percent and is available from providers identified in the Superior Vision provider directory with a "DP"

Discounts on additional eyewear. Discounts are available for additional eyewear purchases. The discounts range from 10 percent to 30 percent and are available at providers identified in the provider directory with a "DP"

Discounts on refractive surgeries such as LASIK, RK and PR K. Providers listed in the provider directory with the "RF" designation will provide Superior Vision members with a discount of 20 percent on refractive surgeries.

For more details on vision benefits go to www.kdheks.gov/hcf/sehp/Superior.htm

**The Superior Vision Plan is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, aka The Guardian or Guardian Life.*

Preferred Lab Benefit - Available with Plans A and C

For Plan A: Present your State Employee Health Plan ID card identifying your membership. When you use a participating laboratory, either Quest Diagnostics or Stormont-Vail/Cotton-O'Neil, for outpatient non emergency testing that is covered and approved by your health benefit plan, you pay **no** deductibles, copays or coinsurance.

For Plan C: Plan C members are eligible to participate in a new Preferred Lab Program which offers you and your covered dependents discounted pricing on covered **outpatient** laboratory testing, when the testing is performed by Quest Diagnostics or Stormont -Vail/Cotton-O'Neil laboratories. All of your services (except preventive care) are subject to your deductible first. **Note:** You may pay these claims with your Health Savings Account dollars.

If your doctor doesn't use Quest Diagnostics or you are not a Cotton-O'Neil patient, bring the lab orders from your doctor to one of the locations provided by Quest Diagnostics or Stormont-Vail/Cotton-O'Neil to have the lab work done and receive either benefit.

Quest Diagnostics offers collection sites at various locations throughout the State of Kansas and nationwide. Also, you can arrange to have specimens picked up from your doctor's office. All it takes is a telephone call to the number on the back of your Quest ID card.

Stormont-Vail/Cotton-O'Neil offers 9 locations in northeast Kansas, for all State Employee Health Plan members. You do not have to be a Cotton O'Neil patient to access this benefit. Lab orders from your physician are required.

PLEASE REMEMBER:

You must verbally request to use your Preferred Lab Benefit.

The Preferred Lab Benefit Program does NOT cover:

- Testing ordered during hospitalization
- Lab work needed on an emergency or STAT basis
- Testing done at any other laboratory
- Non-Laboratory work such as mammography, x-rays, imaging and dental work
- Time sensitive, esoteric testing such as fertility testing, bone marrow studies and spinal fluid tests
- Testing not approved and/or covered by the State of Kansas Plans A or C
- Lab work billed to your health plan by your doctor or another laboratory

The Preferred Lab Benefit is completely voluntary. If you and your health care provider choose to use a lab other than those provided by either Quest Diagnostics or Stormont-Vail HealthCare you still have laboratory coverage. However, you will be responsible for any deductible, copayments or coinsurance applied by the health plan.

For details, go to www.kdheks.gov/hcf/sehp/PreferredLab.htm

2015 Monthly Rates for COBRA Participants							
Coverage Level	PLAN A		PLAN C		Delta Dental	Superior Vision	
	Aetna	BCBS	Aetna	BCBS		Basic	Enhanced
State COBRA Rates							
Employee Only	\$529.89	\$527.01	\$381.72	\$380.28	\$32.11	\$4.75	\$9.34
Employee + Spouse	\$966.12	\$943.99	\$577.48	\$573.30	\$62.09	\$9.30	\$18.44
Employee + Children	\$923.63	\$905.05	\$571.44	\$567.43	\$58.82	\$8.40	\$16.63
Employee + Family	\$1,127.88	\$1,085.48	\$603.57	\$595.54	\$75.16	\$12.97	\$25.79
Non State Employer Group COBRA Rates							
Employee Only	\$595.26	\$592.12	\$444.84	\$443.35	\$41.29	\$4.75	\$9.34
Employee + Spouse	\$1,225.28	\$1,202.76	\$837.89	\$833.18	\$86.72	\$9.30	\$18.44
Employee + Children	\$1,183.51	\$1,164.47	\$830.96	\$826.47	\$83.46	\$8.40	\$16.63
Employee + Family	\$1,397.70	\$1,353.80	\$868.03	\$858.96	\$99.79	\$12.97	\$25.79

Health Plan Comparison Chart

	Plan A		Plan C	
	Aetna / Blue Cross and Blue Shield of Kansas		Aetna / Blue Cross and Blue Shield of Kansas	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers
Basic Provisions				
Provider Choice	Freedom to use provider of choice, benefits based on plan description: coverage level based on provider network status			
Annual Deductible	\$300 Single / \$600 Family	\$500 Single / \$1,500 Family	\$2,600 Single / \$5,200 Family	\$2,600 Single / \$5,200 Family
Annual Coinsurance <i>(for all eligible expenses, unless otherwise noted)</i>	20% Coinsurance	50% Coinsurance	No Member Coinsurance	20% Coinsurance
Out of Pocket Max - TOTAL	\$4,750 Single / \$9,500 Family	\$4,750 Single / \$9,500 Family	\$2,600 Single / \$5,200 Family	\$4,100 Single / \$8,200 Family
Covered Services				
Inpatient Services	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Physician Hospital Visits	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Physician Office Visits				
Primary Care Provider	\$25 Copayment	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Specialist	\$45 Copayment	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Urgent Care Center	\$50 Copayment	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Outpatient Surgery	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Emergency Room Visits	\$100 Copayment (waived if admitted) than Deductible & 20% Coinsurance	\$100 Copayment (waived if admitted) then Deductible & 20% Coinsurance	Deductible & 0% Coinsurance	Deductible & 0% Coinsurance
Other Outpatient Services	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Ambulance Services	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance	Deductible & 0% Coinsurance	Deductible & 0% Coinsurance
Major Diagnostic Tests	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
X-Ray and Laboratory	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance

Health Plan Comparison Chart

	Plan A		Plan C	
	Aetna / Blue Cross and Blue Shield of Kansas		Aetna / Blue Cross and Blue Shield of Kansas	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers
Rehabilitation Services: Services are limited to those medically necessary and appropriate medical records must show continued improvement.				
Inpatient Facility	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Outpatient Facility	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Office Based	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Durable Medical Equipment	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Allergy Testing	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Antigen Administration: desensitization/ treatment; allergy shots	Covered in full	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Autism Services	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Manipulation Therapies	Deductible & 20% Coinsurance - Limited to 30 visits per year	Deductible & 50% Coinsurance - Limited to 30 visits per year	Deductible & 0% Coinsurance - Limited to 30 visits per year	Deductible & 20% Coinsurance - Limited to 30 visits per year
Licensed Dietitian Consultation: for medical management of documented disease	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 0% Coinsurance	Deductible & 20% Coinsurance
Mental Health				
Mental Illness & Drug or Alcohol Treatment:			Same Coverage as Medical	
Preventive Care: Limited to one visit or service per year unless otherwise noted. Review the benefit description for details on exact coverage.				
Well Baby Exams includes newborn screenings & age appropriate office visits	Covered in Full	Not Covered	Covered in Full	Not Covered
Well Child Exam includes office visit, age appropriate screenings and counseling	Covered in Full	Not Covered	Covered in Full	Not Covered

Health Plan Comparison Chart

	Plan A		Plan C	
	Aetna / Blue Cross and Blue Shield of Kansas		Aetna / Blue Cross and Blue Shield of Kansas	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers
Well Woman Exam <i>includes office visit, age appropriate screenings, contraception and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
Well Man Exam <i>includes office visit, age appropriate screenings, contraception and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
Prenatal Screenings and Counseling - see benefit description for list of covered services	Covered in Full	Not Covered	Covered in Full	Not Covered
Age Appropriate Bone Density Screening	Covered in Full	Not Covered	Covered in Full	Not Covered
Immunizations	Covered in Full	Covered in full to age 6 otherwise Deductible & 50% Coinsurance	Covered in Full	Covered in full to age 6 otherwise Deductible & 20% Coinsurance
Mammography (not limited to one)	Covered in Full	Deductible & 50% Coinsurance	Covered in Full	Deductible & 20% Coinsurance
Colonoscopy (not limited to one)	Covered in Full	Not Covered	Covered in Full	Not Covered
Ultrasonography for Aortic Aneurysm - limited to men ages 65 to 75 with history of tobacco use	Covered in Full	Not Covered	Covered in Full	Not Covered
Routine Hearing Exam	Covered in Full	Not Covered	Covered in Full	Not Covered
Routine Vision Exam	Covered in Full	Not Covered	Covered in Full	Not Covered

The Comparison Chart is NOT the governing document. Members need to refer to the Benefit Descriptions posted at: www.kdheks.gov/hcf/sehp/BenefitDescriptions.htm

Delta Dental Benefits			
	PPO Network Provider	Premier Network Provider	Non Network* Provider
Annual Benefit Maximum	\$1,700 per member		
Lifetime Orthodontic Benefit	50% Coinsurance to a maximum of \$1,000 per member		
Implant Coverage <i>(Benefit subject to Annual Benefit Maximum above)</i>	50% Coinsurance		
DEDUCTIBLE			
Diagnostic and Preventive Services	No Deductible		
Basic Restorative Services	\$50 per person per Plan Year. Not to exceed an Annual Family Deductible of \$150		
Major Restorative Services			
COINSURANCE			
BASIC BENEFIT Applies when you have had at least one routine prophylaxis (cleaning) and/or preventive oral exam in prior 12 months			
Diagnostic and Preventive Services	Allowed amount covered in full by the Plan *		
Basic Restorative Services	50%	50%	50%
Major Restorative Services	50%	50%	50%
ENHANCED BENEFIT Applies when you have had at least one routine prophylaxis (cleaning) and/or preventive oral exam in prior 12 months			
Diagnostic and Preventive Services	Allowed amount covered in full by the Plan*		
Basic Restorative Services	20%	40%	40%
Major Restorative Services	50%	50%	50%
<i>*Services by Non Network providers are subject to the Allowed Amount including the Maximum Plan Allowance for Non Network Providers. Any amounts in excess of the Allowed Amount will be the member's responsibility.</i>			
<i>Your Coinsurance will increase for Basic Restorative Services when you have not had a routine prophylaxis (cleaning) and/or preventive oral exam in the preceding twelve (12) month period. Ninety (90) days following receipt of a qualifying prophylaxis (cleaning) or preventive oral exam, you will qualify for the Enhanced Benefit Level. The Plan reserves the right to determine what services will qualify as meeting the definition of a routine prophylaxis (cleaning) and preventive oral exam. Routine prophylaxis (cleanings) and preventive exams shall not include any services provided on an emergency basis or for treatment of an injury to the teeth.</i>			

Superior Vision Benefits			
Service or Item	Basic Plan: Network	Enhanced Plan: Network	Both Plans: Non Network
Eye Exams: Subject to \$50 Copayment			
Eye Exam, M.D.	Covered in Full after Copayment	Covered in Full after Copayment	Up to \$38
Eye Exam, O.D.	Covered in Full after Copayment	Covered in Full after Copayment	Up to \$38
Eyeglasses: Subject to \$25 Materials Copayment			
Frame	Up to \$100 retail*	Up to \$150 retail*	Basic: Up to \$45 Enhanced: Up to \$78
Single Vision Lenses, pair	Covered in Full after Copayment	Covered in Full after Copayment	Up to \$31
Bifocal Lenses, pair	Covered in Full after Copayment	Covered in Full after Copayment	Up to \$64
Trifocal lenses, pair	Covered in Full after Copayment	Covered in Full after Copayment	Up to \$64
Lenticular lenses, pair	Cover in Full after Copayment	Covered in Full after Copayment	Up to \$80
Progressive lenses, pair	Not covered	Covered up to \$165*	Not Covered
High Index lenses, pair**	Not Covered	Covered up to \$116*	Not Covered
Polycarbonate lenses, pair**	Not Covered	Covered up to \$116*	Not Covered
Scratch Coat	Not Covered	Covered in Full	Not Covered
UV Coat	Not Covered	Covered in Full	Not Covered
Contact Lenses: Not subject to Materials Copayment			
When Medically Necessary	Covered in Full	Covered in Full	Up to \$210 retail*
Elective/Cosmetic Retail	Up to \$150 retail*	Up to \$150 retail*	Not Covered
Contact Lens Exam (fitting fee) (\$35 Copayment)			
Specialty Contacts***	Up to \$50*	Up to \$50*	Not Covered
Standard Contacts****	Covered in Full	Covered in Full	Not Covered
<p>*You are responsible for any charges above the allowance.</p> <p>**You may only be covered for one pair of high index lenses or polycarbonate lenses under the Enhanced Plan (up to the allowance proved above).</p> <p>***Specialty contacts are for new contact lens wearers or patients who wear toric, gas permeable or multi-focal lenses; includes two follow-up visits within three months of initial fitting.</p> <p>****Standard contacts are for existing contact lens wearers of disposable, daily wear or extended lenses; includes two follow-up visits within three months of initial fitting.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Members can use either the contact lens benefit or the eyeglass benefit, but not both in the same plan year. • For non network claims, Copayment amounts are deducted from the benefit allowance at the time of reimbursement. • Covered lenses are standard glass or plastic (CR-39), clear. 			

Caremark Prescription Drug Benefits for Plan A

Preferred Drug List, Specialty Drug List and Discount Tier List available on the web at www.caremark.com

Tier	Type of Prescription Medication	You Pay	Your Out-of-Pocket Maximum
1	Generic Drugs	20% Coinsurance	There is an Out of Pocket maximum of \$4,750 for single and \$9,500 for family combined Medical and Pharmacy per year.
2	Preferred Brand Name Drugs	35% Coinsurance	
3	Special Case Medications	Maximum of \$75 per standard unit of therapy	
4	Non Preferred Brand Name Drugs	60% Coinsurance	
5	Discount Tier Medications	100% Coinsurance	N/A
6	Anticancer Oral Medications	25% Coinsurance to a maximum of \$75 per standard unit of therapy	Separate Coinsurance maximum of \$750 per member per year
Value Based	Diabetes	Generic - 10% to a max of \$10/30-days Preferred brand - 20% to a max of \$10/30 days	Applies to the Out of Pocket maximum (See above)
Value Based	Asthma		

Caremark Prescription Drug Benefits for Plan C With Health Savings Account

Tier	Type of Prescription Medication	
1	Generic Drugs	<p>Tiers 1-4 are subject to the Deductible.</p> <p>You/Your Family will be responsible for 100% of the cost of prescription drugs until the deductible of \$2,600 Single / \$5,200 Family, is satisfied.</p> <p>There is NO Coinsurance for eligible or covered prescription drugs.</p>
2	Preferred Brand Name Drugs	
3	Non Preferred Brand Name Drugs	
4	Anticancer Oral Medications	

Discount Tier Drugs are not covered and do not count toward the Health Plan Deductible.